## NO FEE

Arizona Department of Water Resources
Records Management Section
500 N. 3rd Street • Phoenix, Arizona 85004
(602) 417-2405 • (800) 352-8488
www.water.az.gov

## **Notice of Well Capping**

Review instructions prior to completing form in black or blue ink.

*	Within five (5)	days after	capping an	open well,	the owner	of the we	ell shall f	ile this l	Notice.
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FILE NUMBER
WELL REGISTRATION NUMBER
55 -

*** PLEASE PRINT CLEARLY ***  SECTION 1. REGISTRY INFORMATION    Well Type
CHECK ONE
CHECK ONE
Domestic
Stock Geotechnical Mineral Exploration Mineral Exploration Other (please specify):    Stock Geotechnical Mineral Exploration Mineral Exploration Other (please specify):   LATITUDE   LONGITUDE   LONG
Irrigation
Municipal Other (please specify):    Degrees   Minutes   Seconds   Degrees   Minutes   Degrees
Degrees Minutes Seconds Degrees Minutes Degrees Minutes Seconds Degrees Minutes Degrees Degree
Degrees Minutes Seconds Degrees Minutes Seconds Degrees Minutes Seconds COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL  COUNTY WHERE WELL IS LOCATED  SECTION 2. OWNER AND FIRM INFORMATION  Well Owner Person or Firm Installing the Cap  FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL  MAILING ADDRESS  MAILING ADDRESS  CITY/STATE/ZIP CODE  CONTACT PERSON NAME AND TITLE  CONTACT PERSON NAME AND TITLE
SECTION 2. OWNER AND FIRM INFORMATION  Well Owner  FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL  MAILING ADDRESS  MAILING ADDRESS  CITY/STATE/ZIP CODE  CONTACT PERSON NAME AND TITLE  COUNTY WHERE WELL ID NUMBER BOOK  MAP  PARCEL  COUNTY WHERE WELL IS LOCATED  PARCEL  COUNTY WHERE WELL IS LOCATED  PARCEL  COUNTY WHERE WELL IS LOCATED  COUNTY WHERE WELL IS LOCA
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TELEBUIONE NUMBER
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TELEPHONE NUMBER
SECTION 3. CASING AND CAPPING INFORMATION  DATE WELL WAS CAPPED
Surface Casing TYPE OF CAP
MATERIAL ( T )
OUTER MANUFACTURER OF CAP, IF ANY DIAMETER U O W IF OTHER TYPE
DIAMETER (inches)
REMARKS
REMARKS  I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.  SIGNATURE OF WELL OWNER  DATE